

Enhancing Primary Care Alcohol Screening in Older Adults: A Pilot Study in Aotearoa New Zealand

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Introduction: Hazardous alcohol use by older adults is a contributing factor to the burden of disease and injury. Effective processes to identify hazardous drinking in older adults and to deliver brief interventions are important goals for primary health care (PHC). Screening with standard tools (e.g., AUDIT-C), is common in PHC, but does not consider comorbidities and the use of alcohol interacting medicines. This project aimed to develop an enhanced screening algorithm for the assessment of alcohol-related risk in older adults in PHC, which would prompt alcohol screening and discussion with patients.

Method: (1) screening algorithm development based on the Comorbidity Alcohol Risk Assessment Tool (CARET) designed to assess alcohol-related risk in older adults, and implementation of the algorithm in Whanganui Regional Health Network (WRHN) general practices, accompanied by training for Health Professionals and; 2) evaluation and monitoring of alcohol screening undertaken in WRHN practices following the introduction of the algorithm in February 2020.

Results: November 2019 (baseline) data included the records for 24,411 older adult patients aged 50+ years. Twenty-seven per cent had never been screened, and had they been using alcohol, 50% could be classified as 'lower risk', and 19% as 'higher risk' using the CARET risk factors in the algorithm. After initial training screening for risky drinking increased but dropped back to baseline levels thereafter.

Discussion and Conclusions: Whilst algorithm implementation was successful, it did not enhance screening rates of new patients in WRHN practices. COVID and related restrictions may have contributed to this being a lower priority.

Implications for Practice or Policy: Many jurisdictions are experiencing population aging. Hazardous alcohol use by older adults is a contributing factor to the burden of disease and injury. Therefore, it is important to identify hazardous drinking in older adults and to deliver effective interventions to reduce its impact.

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